Supportive Housing Research FAQs: What Are We Learning from the Taking Health Care Home Evaluation?

In 2002, the Corporation for Supportive Housing (CSH) launched a national effort to prevent and end long-term homelessness for tens of thousands of people with chronic health problems. The effort is aimed at changing the way that health and social support services are financed, organized, and delivered, to make access to initial and ongoing capital, operating, and services funding for permanent supportive housing easier and more reliable to obtain.

The Taking Health Care Home Initiative (THCH), funded by The Robert Wood Johnson Foundation, is one part of that campaign. Through THCH, CSH made grants to states and localities, which are using THCH resources to create new systems able to produce supportive housing that ends homelessness for people with chronic health conditions including mental illness, alcohol and chemical dependency, and HIV/AIDS. The states and communities initially participating in THCH's system change and supportive housing creation efforts are:

Two grantees with CSH local offices:

- California, with activities at the state level and focused locally in Los Angeles County
- Southern New England, including work in both Connecticut and Rhode Island

Four grantees in communities without a CSH office:

- Commonwealth of Kentucky
- State of Maine
- Portland/Multnomah County, Oregon
- Washington State, with activities at the state level and focused locally in Seattle/King County

A major motivation for this effort is to gain knowledge that can be generalized to help other communities replicate system change on a national scale. Through the THCH evaluation, we have learned more about how systems change happens in different areas, political environments, and bureaucratic infrastructures. Although the path toward systems change is unique in each site, there are number of common themes:[1]

THEME: Systems change happens at a number of different levels, and all levels are important in truly changing the way a system works to develop supportive housing and end homelessness.

These levels include:

1. **Local Elected Officials**—city, county, and state politicians—mayors, city or county council representatives, state legislators, governors—who need to propose and then champion new money, joint contracting options, altered or extended eligibility, and other enabling legislation.

2. **Public agency administrators**—agency heads and the directors of key divisions within public agencies, who need to come together to fund and support PSH.

[1] Martha Burt and Jacquelyn Anderson, *Taking Health Care Home: Impact of Systems Change Efforts at the Two-Year Mark* (Corporation for Supportive Housing, 2006).

3. **PSH providers and potential providers**—the housing developers, housing managers, and services agencies, usually but not always nonprofit, who need to work together to produce and run PSH.

4. **People and units**—the disabled homeless people who need PSH and the projects that have units available.A change at one level can stimulate change at a different level. For example, developing the capacity of providers to work together to build a new supportive housing project may motivate administrators in public agencies to work together to create more projects if the first is successful. Similarly, commitment of local elected officials filters down to the providers.

THEME: It is important to have someone whose job is to be a "boundary spanner" and manage the systems change efforts in a community.

THCH stakeholders emphasized the critical importance of having one or more people "minding the store," facilitating, coordinating, stimulating, reminding, organizing, assessing progress, bringing in new players, and keeping the many actors moving in the right general direction. THCH funds have supported these essential functions in every THCH site. Respondents stressed how vitally these functions have contributed to the progress, and the role and effects of coordination were obvious everywhere we went and at every level of system change we observed. The basic phrase we heard repeatedly was, "it wouldn't have happened without [insert name of key THCH coordinator]."

In all likelihood providing someone to "mind the store" is the key way that THCH has been able to have such a strong influence in many of its communities in such a short period of time—**it pays for someone who pays attention**. It is especially telling to look at the one or two THCH communities where for one reason or another this central role was not as strongly realized, or not realized as quickly or at the highest levels. Their comparative lack of progress in system change highlights the importance of the coordinator role. Even when a community has a dedicated council, committee, task force, or other mechanism that in theory could take leadership, the trouble is that committee members have other jobs to do. With the best will in the world, they cannot take on the coordinating function.

THEME: The need for a neutral facilitator to promote systems change (i.e. opening a new CSH office) is related to the relationships that currently exist between the agencies that fund supportive housing and the commitment of a community to develop supportive housing.

For example, Portland and Seattle already had positive relationships between the major players involved in developing supportive housing, but needed a "shot in the arm" through THCH funds to accomplish the goals they mostly shared in common. This seems to be the ideal situation for CSH to operate "from the outside." In contrast, sites such as Los Angeles and Rhode Island needed more intense attention/cajoling/ prodding to move them toward the goals of THCH. In Los Angeles, the number and scale of the bureaucracies involved in developing supportive housing create a unique challenge. In Rhode Island, there was initially a lack of commitment to supportive housing as a solution to long-term homeless. Having CSH staff in this state has helped increase the visibility of supportive housing and increase funding commitments.

The second evaluation report, *Taking Health Care Home: Impact of Systems Change Efforts at the Two-Year Mark*, provides a framework for describing how the sites have moved along a "continuum of systems change." This continuum includes:

- Communication: Talking to each other and sharing information is the first, most necessary, step. This means friendly, helpful communication, not hostile or negative communication.
- Coordination or Cooperation: At this level, agency staff work together on a case-by-case basis and may even do cross-training to appreciate each other's roles and responsibilities.
- Collaboration: Collaboration adds the element of joint analysis, planning, and accommodation to the base of communication and coordination. Collaborative arrangements include joint work on developing shared goals, followed by protocols for key agencies that let each agency do its work in a way that complements and supports the work done by another agency.
- To these three activities that promote better services and supports for long-term homeless adults with disabilities, we add a fourth level, which is collaboration involving all of the critical and most of the desirable systems and actors in a community. This type of response has been called a **coordinated community response (CCR)**, and we adapt that terminology here to distinguish this type of community-wide collaboration from collaboration among two or three agencies.

The report provides some description about where the THCH sites started along this continuum, and we will continue to track the movement they make along this continuum as the evaluation continues.